

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for April 2014 will be conducted on April 8 and April 9 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. 1, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Division of Criminal Justice Services
Commission on Forensic Science

Pursuant to Public Officers Law section 104, the Division of Criminal Justice Services gives notice of a meeting of the New York State Commission on Forensic Science to be held on:

DATE: Wednesday, March 26, 2014
TIME: 1:00-5:00 p.m.
PLACE: Division of Criminal Justice Services
80 S. Swan St.
Albany, NY 12210
CrimeStat Rm. 118

Sign-in is required at this location. *For further information, or if you need a reasonable accommodation to attend this meeting, contact:* Cathy White, Division of Criminal Justice Services, Office of Forensic Services, 80 Swan St., Albany NY 12210, (518) 485-5052

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for inpatient, long term care, and non-institutional services and prescription drugs to comply with recently proposed statutory provisions. The following significant changes and clarifications are proposed:

All Services

- For all non-exempt Medicaid payments subject to the uniform reduction by two percent, such reduction will terminate on March 31, 2014. Alternative methods of cost containment shall continue to be applied and maintained for periods on and after April 1, 2014, provided, however, the Commissioner of Health, in consultation with the Director of the Budget, is authorized to terminate such alternative methods upon a finding that they are no longer necessary to maintain essential cost savings.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$714 million.

Institutional Services

- For the state fiscal year beginning April 1, 2014 through March 31, 2015, continues specialty hospital adjustments for hospital inpatient services provided on and after April 1, 2013, to public general hospitals, other than those operated by the State of New York or the State University of New York, located in a city with a population of over one million and receiving reimbursement of up to \$1.08 billion annually. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- Effective April 1, 2014, continues the supplemental upper payment limit payments made to general hospitals, other than major public general hospitals of \$339 million annually.

- Effective April 1, 2014, the Commissioner may make adjustments to inpatient and outpatient Medicaid rates of payment for general hospital services and to the methodology for computing such rates as is necessary to achieve no aggregate, net growth in overall Medicaid expenditures related to the implementation of the International Classification of Diseases Version 10 (ICD-10) coding system on or about October 1, 2014, as compared to such aggregate expenditures from the period immediately prior to such implementation.

- Effective April 1, 2014, regulations for per diem rates for inpatient services of a general hospital or a distinct unit of a general hospital for services such as psychiatric, medical rehabilitation, chemical dependency detoxification, chemical dependency rehabilitation, Critical Access Hospitals, specialty long term acute care hospitals, cancer hospitals and exempt acute care children's hospitals may provide for periodic base year cost and statistic updates used to compute rates of payment. The first such base year update shall take effect no later than January first, two thousand fifteen, however, the Commissioner may make adjustments to the utilization and methodology for computing these rates as is necessary to achieve no aggregate, net growth in overall Medicaid expenditures related to these rates, as compared to the aggregate expenditures from the prior year. In determining the updated base years to be utilized, the Commissioner shall take into account the base years determined in accordance with Section 2807-c(35)(c).

There is no annual increase or decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015.

- Extends the mandated cost savings associated with the current methodology establishing quality related measures, including, but not limited to potentially preventable re-admissions (PPRs) and providing for rate adjustments or payment disallowances related to PPRs and other potentially preventable negative outcomes (PPNOs). Such mandated cost savings of no less than \$51 million a year are extended for the period April 1, 2014 through March 31, 2017.

- Such aggregate reductions shall be offset by Medicaid payment reductions occurring as a result of decreased PPRs during the period April 1, 2014 through March 31, 2017 and as a result of decreased PPNOs during the period April 1, 2014 through March 31, 2017. Such rate adjustments or payment disallowances will not apply to behavioral health PPRs or to readmissions that occur on or after 15 days following an initial admission.

Long Term Care Services

- Effective April 1, 2014, medical assistance shall be furnished without consideration of the income and resources of an applicant's legally responsible relative if the applicant's eligibility would normally be determined by comparing the amount of available income and/or resources of the applicant, including amounts deemed available to the applicant from legally responsible relatives, to an applicable eligibility standard, and:

- The legally responsible relative is a community spouse;

- Such relative is refusing to make his/her income and/or resources available to meet the cost of necessary medical care, services and supplies; and

- The applicant executes an assignment of support from the community spouse in favor of the social services district and the Department of Health, unless the applicant is unable to execute such assignment due to physical or mental impairment or to deny assistance would create an undue hardship, as defined by the Commissioner of Health; or

- The legally responsible relative is absent from the applicant's household, and fails or refuses to make his/her income and/or resources available to meet the cost of necessary medical care, services and supplies.

In such cases, however, the furnishing of such assistance shall create an implied contract with such relative, and the cost thereof may be recovered from such relative in accordance with Title 6 of Article 3 and other applicable provisions of law.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$20 million.

- For residential health care facilities (RHCs), adjustments to Medicaid rates of payment base on changes to a facility's case mix index shall not reflect any change in such case mix index in excess of two percent for any six month period prior to periods beginning January 1, 2016, or such earlier date as determined by the Commissioner.

The annual decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$42.9 million.

- For state fiscal years beginning April 1, 2014, continues additional payments to non-state government operated public residential health care facilities, including public residential health care facilities located in Nassau, Westchester, and Erie counties, but excluding public residential health care facilities operated by a town or city within a county, in aggregate amounts of up to \$300 million. The amount allocated to each eligible public RHC will be in accordance with the previously approved methodology, provided, however that patient days shall be utilized for such computation reflecting actual reported data for 2012 and each representative succeeding year as applicable. Payments to eligible RHC's may be added to rates of payment or made as aggregate payments.

Non-institutional Services

- For state fiscal year beginning April 1, 2014 through March 31,

2015, continues hospital outpatient payment adjustments that increase the operating cost components of rates of payment for hospital outpatient and emergency departments for public general hospitals other than those operated by the State of New York or the State University of New York, which are located in a city with a population of over one million. The eligibility criteria remain unchanged. The amount to be paid will be up to \$287 million. Payments to eligible public general hospitals may be added to rates of payment or made as aggregate payments.

- Effective for the period April 1, 2014 through March 31, 2015, and annually thereafter, upon the election of the social services district in which an eligible diagnostic and treatment center (DTC) is physically located, up to \$12.6 million in additional annual Medicaid payments may be paid to public DTCs operated by the New York City Health and Hospitals Corporation. Such payments will be based on each DTC's proportionate share of the sum of all clinic visits for all facilities eligible for an adjustment for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible DTCs.

- Effective for the periods April 1, 2014 through March 31, 2015, and annually thereafter, up to \$5.4 million in additional annual Medicaid payments may be paid to county operated free-standing clinics, not including facilities operated by the New York City Health and Hospitals Corporation, for services provided by such DTC and those provided by a county operated freestanding mental health or substance abuse DTC. Distributions shall be based on each eligible facility's proportionate share of the sum of all DTC and clinic visits for all eligible facilities receiving payments for the base year two years prior to the rate year. The proportionate share payments may be added to rates of payment or made as aggregate payments to eligible facilities.

- Effective April 1, 2014, the Commissioner of Health, in consultation with the Commissioner of the Office of Mental Health, will update rates paid to clinics licensed under Article 28 of the Public Health Law who provide collaborative care services. The collaborative care clinical delivery model is an evidence-based service to improve detection of depression and other diagnosed mental or substance use disorders and provide treatment to such individuals in an integrated manner. Designated clinics will provide, at minimum, screening for depression, medical diagnosis of patients who screen positive, evidence-based depression care, ongoing tracking of patient progress, care management, and a designated psychiatric practitioner who will consult with the care manager and primary care physician.

The estimated annual net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015 is \$10 million dollars.

- The current authority to adjust Medicaid rates of payment for personal care services provided in local social services districts which shall not include a city with a population of over one million persons, for purpose of supporting recruitment and retention of personal care service workers has been extended for the period April 1, 2014 through March 31, 2017. Payments for the period April 1, 2014 through March 31, 2015; April 1, 2015 through March 31, 2016; and April 1, 2016 through March 31, 2017 shall be up to \$28.5 million for each applicable period.

- Effective April 1, 2014, the Commissioner is authorized, within amount appropriated, to distribute funds to local governmental units, pursuant to Mental Hygiene Law, to Medicaid managed care plans certified by the Department, health homes designated by the Department, and individual behavioral health providers and consortiums of such providers licensed or certified by the Office of Mental Health (OMH) or the Office of Alcoholism and Substance Abuse Services (OASAS) to prepare for the transition of adult and children's behavioral health providers and services into managed care.

- The use of such funds may include, but not be limited to, infrastructure and organizational modifications and investments in health information technology and training and technical assistance. Such funds shall be distributed pursuant to a plan to be developed by the Commissioner of Health, along with the Commissioners of the OMH and OASAS, taking into account the size and scope of a grantee's operations as a factor relevant to eligibility for, and the amount of, such funds.

- The Commissioner of Health is authorized to audit recipients of funds to ensure compliance and to recoup any funds determined to have been used for purposes other than previously described or otherwise approved by such Commissioners.

The estimated annual net increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2014/15 is \$20 million.

- Effective April 1, 2014, Medicaid payments for services provided by Certified Home Health Agencies (CHHAs), except for such services provided to children under 18 years of age and those services provided to a special needs population of medically complex and fragile children, adolescents and young disable adults by a CHHA operating under a pilot program approved by the Department, for the purposes of improving recruitment, training and retention of home health aides or other personnel with direct patient care responsibility will cease.

There is no annual increase or decrease in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2014/2015.

- Effective April 1, 2014, the Commissioner may adjust Health Home payments to provide resources to Health Homes for the following purposes: (1) member engagement and promotion of Health Homes; (2) workforce training and retraining; (3) health information technology (HIT) and clinical connectivity; and (4) joint governance technical assistance, start-up and other implementation costs, and other such purposes as the Commissioner of Health, in consultation with the Commissioners of the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, determines are necessary to facilitate the transition of Health Homes beyond their early stages of development. Total payments are estimated not to exceed \$525 million. Health Homes will be required to submit reports, as required by the Department, on the uses of such funds.

- Effective April 1, 2014, the Commissioner will expand access to tobacco counseling by reimbursing dentists. This program will provide greater access to effective, high quality smoking cessation treatment for members. Various analyses have found that smoking interventions delivered by non-physician clinicians are effective in increasing abstinence rates among smokers, which are associated with better health and lower cost.

The estimated annual net increase in gross Medicaid expenditures attributable to this initiative for state fiscal year 2014/15 is \$3 million.

The overall estimated annual net aggregate increase in gross Medicaid expenditures attributable to reform and other initiatives contained in the budget for state fiscal year 2014/2015 is \$528 million; and the estimated annual net aggregate increase in gross Medicaid expenditures attributable to an extension upper payment limit (UPL) payments for state fiscal year 2013/2014 is \$2.0 billion.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department of Health's website at http://www.health.ny.gov/regulations/state_plans/status.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457
Richmond County, Richmond Center

95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact:
Department of Health, Bureau of Federal Relations & Provider Assessments, 99 Washington Ave. – One Commerce Plaza, Suite 1430, Albany, NY 12210, (518) 474-1673, (518) 473-8825 (Fax), e-mail: spa_inquiries@health.state.ny.us

PUBLIC NOTICE

Department of State
F-2014-0063 (DA)

Date of Issuance - March 11, 2014

The New York State Department of State (DOS) is required by Federal regulations to provide timely public notice for the activities described below, which are subject to the consistency provisions of the Federal Coastal Zone Management Act of 1972, as amended.

The United States Coast Guard has determined that the proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the New York State Coastal Management Program. The applicant's consistency determination and accompanying supporting information and data are available for inspection at the New York State Department of State offices located at One Commerce Plaza, 99 Washington Avenue in Albany, New York.

Re-establish the beach profile along the eroded shoreline to the profile prior to damage sustained from Post-Tropical Storm Sandy. An existing upland and on site pile of material will be utilized for beach reconstruction. The new beach profile will be constructed between the mean high water (MHW) line and the upland grass area. The proposed activity will utilize approximately 1430 cubic yards of material. Following the reconstruction, american beach grass will be planted to facilitate shoreline stabilization.

Any interested parties and/or agencies desiring to express their views concerning the above proposed activities may do so by filing their comments, in writing, no later than 4:30 p.m., 15 days from the date of publication of this notice, or, March 26, 2014.

Comments should be addressed to: Department of State, Office of Coastal, Local Government and Community Sustainability, One Commerce Plaza, 99 Washington Ave., Suite 1010, Albany, NY 12231, (518) 474-6000, (518) 473-2464 (Fax)

This notice is promulgated in accordance with Title 15, Code of Federal Regulations, Part 930.

